

Best Available Copy

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	T.D.		9/17/99
O.I.P.E. CLASSIFIER		12	9/17/99
FORMALITY REVIEW		69055	7-27-99

### INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral)..... Canceled  
 + ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
Final Original	
1	6-17-0
2	6-17-0
3	6-17-0
4	6-17-0
5	6-17-0
6	6-17-0
7	6-17-0
8	6-17-0
9	6-17-0
10	6-17-0
11	6-17-0
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43	6-17-0
44	6-17-0
45	6-17-0
46	6-17-0
47	6-17-0
48	6-17-0
49	6-17-0
50	6-17-0

Claim	Date
Final Original	
51	6-17-0
52	6-17-0
53	6-17-0
54	6-17-0
55	6-17-0
56	6-17-0
57	6-17-0
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95	6-17-0
96	6-17-0
97	6-17-0
98	6-17-0
99	6-17-0
100	6-17-0

Claim	Date
Final Original	
101	6-17-0
102	6-17-0
103	6-17-0
104	6-17-0
105	6-17-0
106	6-17-0
107	6-17-0
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145	6-17-0
146	6-17-0
147	6-17-0
148	6-17-0
149	6-17-0
150	6-17-0

If more than 150 claims or 10 actions  
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